

SUPERIOR COURT OF THE STATE OF WASHINGTON
FAMILY COURT SERVICES
King County Courthouse
516 Third Avenue, Room W-280
Seattle, WA 98104
206-477-1500

KING COUNTY SUPERIOR COURT
FAMILY COURT SERVICES

DOMESTIC VIOLENCE ASSESSMENTS

As a result of the Domestic Violence petition, Family Court Services has been ordered to complete an evaluation that will assist the court in determining the arrangements for the residential provisions for your children. In order to provide the court with sufficient useful information to make a decision, your immediate and full cooperation is required.

The Social Worker/Evaluator in Family Court Services is responsible for assessing both parents' parenting background and capabilities, and recommending a specific plan to the court for the future care and responsibility for your children. To gather sufficient information, the evaluator will conduct interviews with you and, depending on the need, may contact family members and other significant parties. As well, contact may be made with school and day care providers, medical treatment providers, law enforcement agencies and references.

This assessment will be conducted during the next 30-45 days and your immediate cooperation is required. The information is not confidential and is available to attorneys and to clients if they do not have an attorney. When the assessment report is complete, copies will be made available to the court and the attorneys of record or non-represented clients. The Family Court Services case is closed when the report is submitted and no further services will be provided unless a further court order requires it.

FAMILY COURT SERVICES
KING COUNTY SUPERIOR COURT
516 THIRD AVE., ROOM W-280
SEATTLE, WA 98104
PHONE: (206) 477-1500

DOMESTIC VIOLENCE

NAME OF PETITIONER Mother / Father (Circle One) E-MAIL ADDRESS

NAME OF RESPONDENT Mother / Father (Circle One) SUPERIOR COURT #: FCS#:

PLEASE COMPLETE AND RETURN THIS FORM WITHIN 7 DAYS TO FAMILY COURT SERVICES

1. IDENTIFYING INFORMATION:

Name: Last First Middle Birth name Other Names

Street Address: City State Zip Other Names

Home Phone: Work Phone: Can you be called at work? ☐ Yes ☐ No

Attorney Name: Phone:

Birthdate/Age: Birthplace/Citizenship Race (optional)

Education Completed: Social Security #:

DO YOU NEED AN INTERPRETER? ☐ Yes ☐ No FOR WHAT LANGUAGE? _____

2. CHILDREN AT ISSUE IN THIS PROCEEDING:

Name Birthdate Age Living With

Name Birthdate Age Living With

Name Birthdate Age Living With

3. LIST OTHER CHILDREN (from other relationships, stepchildren, etc.)

Name Birthdate Age Relationship

Name Birthdate Age Relationship

4. LIST OTHER ADULTS LIVING WITH YOU:

Name Relationship

Name Relationship

5. LIST YOUR MARRIAGES OR COHABITATION RELATIONSHIPS (including current)

a. Children's Other Parent: _____
Date of Marriage: _____ Separation: _____ Decree: _____ Other: _____
Reason for Separation: _____

b. Name of Partner: _____
Date of Marriage: _____ Separation: _____ Decree: _____ Other: _____
Reason for Separation: _____

c. Name of Partner: _____
Date of Marriage: _____ Separation: _____ Decree: _____ Other: _____
Reason for Separation: _____

6. EMPLOYMENT/INCOME INFORMATION:

a. Current Occupation _____ Place of Employment _____ Salary/Year _____

b. Child Support Paid/Received \$ _____ Amount Current: ☐ Yes ☐ No

c. Other Income Amount: \$ _____ Source: _____

LIST EMPLOYMENT FOR LAST 5 YEARS:

Employer _____ From: -- To: _____ Salary/Year _____

7. CHECK WHICH OF THESE MOST IDENTIFY YOUR CONCERNS:

- | | |
|--|--|
| <input type="checkbox"/> Which parent the child(ren) live with | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Amount of child support | <input type="checkbox"/> Drug/Alcohol Issues |
| <input type="checkbox"/> Decision-Making regarding the child(ren) | <input type="checkbox"/> Neglect Issues |
| <input type="checkbox"/> Medical Coverage for the child(ren) | <input type="checkbox"/> Relocation (Moving) |
| <input type="checkbox"/> Amount of time I have with the child(ren) | |
| <input type="checkbox"/> Amount of time other parent has with the child(ren) | |
| <input type="checkbox"/> Other (Describe): _____ | |

8. CHECK PREVIOUS COUNSELING OR SOCIAL SERVICES

- | | |
|--|---|
| <input type="checkbox"/> Private Counseling | <input type="checkbox"/> Parenting Classes |
| <input type="checkbox"/> Pastoral Counseling | <input type="checkbox"/> Private Evaluator |
| <input type="checkbox"/> Child Protective Services | <input type="checkbox"/> Private Mediator |
| <input type="checkbox"/> Drug/Alcohol Assessment | <input type="checkbox"/> Psychological Evaluation |
| <input type="checkbox"/> Drug/Alcohol Treatment | <input type="checkbox"/> Anger Management |
| <input type="checkbox"/> Other: _____ | |

Check previous services from King County Superior Court

- | | | |
|------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Mediation | <input type="checkbox"/> Evaluation | <input type="checkbox"/> Domestic Violence Assessment |
| <input type="checkbox"/> CASA | <input type="checkbox"/> G.A.L. | <input type="checkbox"/> Juvenile Court |

9. HAS EITHER PARENT EVER BEEN ARRESTED:

☐ Mother ☐ Father
 Charges and Disposition: _____ Date: _____
 Probation Officer: _____ Phone: _____

10. DOES EITHER PARENT HAVE ANY CRIMINAL ACTION PENDING? IF SO, PLEASE EXPLAIN:

11. MEDICAL HISTORY:

Identify if either parent has any physical disability, has received psychiatric care or treatment for drug or alcohol dependency:

Mother:	Provider's Name	Address	When Treated	Nature of Problem
---------	-----------------	---------	--------------	-------------------

[illegible]

12. HEALTH OF CHILDREN:

Do any of the children presently have health problems? ☐ Yes ☐ No

If yes, explain: _____

List the doctors for each child, including name, address and phone.

13. DESCRIBE HOW EACH PARENT HAS PARTICIPATED IN THE CHILD(REN)'S LIVES IN TERMS OF EDUCATION, HEALTH CARE, RELIGION, RECREATION, ETC. DURING THE PRECEDING PARENTAL SEPARATION: _____

[illegible]

14. **SINCE THE SEPARATION, WHO HAVE THE CHILD(REN) BEEN LIVING WITH? Give Dates:**

HOW OFTEN DO THE CHILD(REN) SEE THEIR OTHER PARENT? _____

WHEN DID THE CHILD(REN) LAST SEE THEIR OTHER PARENT? _____

15. **DESCRIBE THE INCIDENTS AND HISTORY WHICH LED TO FILING FOR A DOMESTIC VIOLENCE PROTECTION ORDER: DATES, INJURIES, WEAPONS INVOLVED, ETC.:**

16. **LIST AND DESCRIBE ANY CONCERNS WHICH NEED TO BE ADDRESSED IN YOUR PARENTING PLAN (such as domestic violence, child abuse, drug or alcohol abuse, mental illness)**

WHAT CAN BE DONE TO CORRECT THE PROBLEM? _____

SHOULD EITHER PARENT'S TIME WITH CHILD(REN) BE LIMITED? IF SO, HOW?

17. DESCRIBE HOW EACH PARENT HANDLES CHILD DISCIPLINE:

18. OTHER INFORMATION: Please enclose any other documents or information you consider relevant to the evaluation.

19. REFERENCES: NAME THREE REFERENCES ONLY IN THIS MATTER. In selecting references, please try to use non-relatives who best know you, your situation and your parenting skills. COMPLETE ADDRESSES, INCLUDING ZIP CODE, are necessary to enable us to send our questionnaire.

Name: _____

Relationship: _____

Address: _____

Have known for:

_____ years _____ months

Phone: _____

See how often: _____

Home

Work

Name: _____

Relationship: _____

Address: _____

Have known for:

_____ years _____ months

Phone: _____

See how often: _____

Home

Work

Name: _____

Relationship: _____

Address: _____

Have known for:

_____ years _____ months

Phone: _____

See how often: _____

Home

Work

20. RELEASE OF THIS INFORMATION

If you have additional information, reports or evaluations which may be helpful to the Family Court Services Evaluator, you may make them available.

By law, "The evaluator/investigator shall make available to counsel and to any party not represented by counsel . . . " (1) The Evaluator / Investigator's file; (2) Texts of diagnostic reports; (3) Names and addresses of persons consulted; and (4) Investigators and any person whom (s)he has consulted may be called for cross examination